

Goal	Achievements	Ongoing & Future Opportunities
<p>1</p> <p>Improve consumer satisfaction and recovery outcomes by:</p> <ul style="list-style-type: none"> ➤ Providing services that are welcoming, person-centered, recovery-oriented, trauma-informed, culturally competent, and co-occurring capable ➤ Improving system-wide implementation of such services ➤ Increasing the use of self-directed recovery action plans ➤ Completing the functional integration of MH/AODA service components of the Milwaukee County CARS Division ➤ Using person-centered experiences to inform system improvement 	<ul style="list-style-type: none"> ➤ MHSIP survey revision, supplemental questions developed for more welcoming and person-centered approach ➤ Improvement in all MHSIP domains from 2011 to 2013 on BHD Acute IP units: Dignity (6%), Outcome (4%), Environment (4%), Rights (4%), Empowerment (2%), and Participation (1%); four of six domains above 70% ➤ Maintaining MHSIP scores above 75% in community services ➤ ACT/IDDT implementation at CARS Division & eight (8) community agencies ➤ Collaboration with MC3 partners to enhance co-occurring capability ➤ Personal & Family Stories Workgroup 	<ul style="list-style-type: none"> ➤ General efforts to improve consumer experiences to achieve optimal MHSIP & Vital Voices scores ➤ Expand collection of consumer satisfaction data in more service settings throughout community ➤ Collecting and curating stories from consumers and families for quality improvement and public education ➤ IDDT implementation and continued efforts among MC3 partners to enhance co-occurring capability, unified "front door" for mental health and substance use disorders ➤ Assess implementation of wellness and recovery action plans
<p>2</p> <p>Promote stigma reduction in Milwaukee County through:</p> <ul style="list-style-type: none"> ➤ Evidence-based MH/AODA stigma reduction public education presentations that include presentations by persons with lived experience to over 1000 residents in Milwaukee County supervisor districts ➤ Partnering with community efforts already underway led by NAMI, Rogers Memorial Hospital, and the Center for Urban Population Health Project Launch 	<ul style="list-style-type: none"> ➤ Stigma reduction curriculum developed involving consumer stories, information on services and recovery; public education sessions held for County Districts 5 & 10 ➤ Performances of NAMI's "Pieces" throughout Milwaukee County ➤ Wisconsin Initiative for Stigma Elimination (WISE) online video library 	<ul style="list-style-type: none"> ➤ Additional public education sessions throughout the County in diverse settings, e.g., schools/universities, churches, parks, community centers
<p>3</p> <p>Improve the quality of the mental health workforce through:</p> <ul style="list-style-type: none"> ➤ Implementation of workforce competencies aligned with person-centered care ➤ Improved mental health nursing recruitment and retention ➤ Improved recruitment and retention of psychiatrists ➤ Improved workforce diversity and cultural competency 	<ul style="list-style-type: none"> ➤ Nursing's Voice: Applied research on skills and attitudes of MH nurses and employers to develop plans for recruitment, retention; relationship-building with educators and MH nurse employers; continuing education and networking opportunities for RNs; internships for nursing students with interest in MH ➤ Over 500 individuals from 87 community agencies actively engaged in MC3 Steering Committee and Change Agent activities ➤ NIATx change projects completed by 28 community agencies in conjunction with four COMPASS Clinics since 2013; notable project 	<ul style="list-style-type: none"> ➤ Replication and adaptation of Nursing's Voice activities for other mental health professionals ➤ Implementation of person-centered workforce competencies as defined by SAMHSA, MC3, or other sources ➤ Promoting measurement and monitoring of workforce diversity within community agencies to ensure cultural diversity consistent with the population being served ➤ Collection of data on recruitment and retention of psychiatrists and

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	topics included welcoming environment, documentation, and intake processes	nursing staff
4	<p>Expand the network of Certified Peer Specialists who are well trained, appropriately compensated, and effectively engaged with peers and whose services are eligible for Medicaid reimbursement by:</p> <ul style="list-style-type: none"> ➤ Increasing the number Certified Peer Specialists ➤ Recruiting and training Certified Peer Specialists with bilingual (Spanish) capability; ➤ Increasing the number of programs that employ Certified Peer Specialists ➤ Establishing a Certified Peer Specialist-operated program ➤ Advocating for quality in the delivery of Certified Peer Specialist services 	<ul style="list-style-type: none"> ➤ Increased number of Certified Peer Specialists in Milwaukee County from 40 (mid-2012) to 97 in April 2014 ➤ Established and maintained Peer Pipeline website (collaboration between County and MHA), providing information on training, continuing education, certification, and employment opportunities for CPS ➤ Training for Spanish-speaking CPS ➤ Two employer trainings on integrating peer support into service array, treatment teams ➤ Peer Specialists employed at all TCM agencies, most Community Support Programs; requirement in 2014 contracts ➤ Aurora Psychiatric Hospital employing CPS
5	<p>Improve the coordination and flexibility of public and private funding committed to mental health services</p>	<ul style="list-style-type: none"> ➤ Community Recovery Services (Medicaid psychosocial rehab benefit) approved in 2013 and enrollment underway in CARS Division and community partners ➤ Public Policy Forum, BSG providing fiscal analysis and ACA preparation with BHD and CARS Division
6	<p>Establish a mechanism to publicly chart system quality indicators that reflect progress on Redesign SMART Goals</p>	<ul style="list-style-type: none"> ➤ Public data dashboard presented in January 2014 on County website ➤ System mapping project in collaboration with IMPACT 2-1-1 highlighting service utilization trends by ZIP code, e.g., Ch. 51 commitments ➤ Personal & Family Stories Workgroup
		<ul style="list-style-type: none"> ➤ Peer-run drop-in center contract to be issued in mid-2014 ➤ Explore engaging Certified Peer Specialists with additional provider organizations and in diverse settings ➤ Establish baseline and optimal goal (based on demand) for number of CPS employed in the community
		<ul style="list-style-type: none"> ➤ Convene Resource Strategy Team to provide ongoing fiscal guidance related to system redesign initiatives ➤ Apply fiscal analysis and ACA preparation assessment in strategic planning and annual budgeting ➤ Explore service expansion (e.g., CRS) opportunities based on analyses by HSRI and others
		<ul style="list-style-type: none"> ➤ Research on service utilization with IMPACT 2-1-1 and other data ➤ Integrate Personal/Family Stories with Consumer Satisfaction & utilization assessments ➤ Quarterly updates to dashboard ➤ Outreach to private sector for data sharing and analysis; public/private agreements on dashboard indicators and data elements ➤ Data repository for public/private system data, with unique PINs to ensure confidentiality and promote cooperation

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7	Develop a structure for ongoing system improvement and oversight of the Mental Health Redesign process	<ul style="list-style-type: none">➤ Mental Health Redesign and Implementation Task Force maintaining partnership among public/private stakeholders since July 2011, making public reports and monthly updates to Milwaukee County Board of Supervisors➤ MC3 Steering Committee & Change Agents assessing co-occurring capabilities and conducting relevant change projects	<ul style="list-style-type: none">➤ Adapt to changing oversight of public mental health services, and establish/affirm collective aims for sustaining quality improvement activities and structures, e.g., Quality Action Team
8	Improve crisis access and response to reduce Emergency Detentions (Chapter 51, Involuntary Commitment for Treatment)	<ul style="list-style-type: none">➤ Crisis Assessment Response Team (CART) reducing unnecessary conveyances to PCS through contracted partnership with MPD; 143 direct CART contacts (July 2013 through March 2014) with individuals in crisis➤ Implementation of NIATx system improvement technology to provide ongoing QI process➤ EDs reduced overall and as a percentage of total PCS admissions from 2011 to 2013 (60.8% to 55.5%)➤ Increase in person-centered crisis plans on file for BHD consumers (surpassed target)➤ Contract established in 2014 to expand hours for mobile crisis services	<ul style="list-style-type: none">➤ Assess all community crisis support services for broad perspective of available resources (e.g., mobile crisis calls and visits in community, unique crisis respite consumers, etc.)➤ Categorize and gather data on different types of crisis events
9	Improve the flexible availability and continuity of community-based recovery supports	<ul style="list-style-type: none">➤ Recovery Case Management (40 slots) added in April 2013, piloted by MMHA, to complement three existing levels of TCM➤ Two additional caseloads (50 slots) of Level I Targeted Case Management contracted, maintained with Bell Therapy since April 2013➤ Community Recovery Services approved, implemented; Comprehensive Community Services awaiting implementation in 2014	<ul style="list-style-type: none">➤ Access Clinic – South to begin operations in 2014➤ Continue client enrollment in CCS and CRS➤ Ongoing assessment of demand for and availability of TCM, CRS, CCS, and CSP benefits
10	Improve the success of community transitions after psychiatric hospital admission	<ul style="list-style-type: none">➤ Community Intervention Specialist (Housing Division) facilitating discharge planning and housing placements from public and private inpatient services since August 2013➤ Community Linkages and Stabilization Program (CLASP) aiding consumers transitioning from inpatient services to community-based care	<ul style="list-style-type: none">➤ Establish definition of a successful or sustainable community transition➤ Gather current, available data on successful community transitions➤ Measure effectiveness of transition support services; expand or replicate as appropriate

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11	Improve the economic security of persons with mental illness by increasing utilization of disability-related benefits including SSI/SSDI and Medicaid	<ul style="list-style-type: none"> ➤ Winged Victory provided SSA application assistance to 314 individuals in 2013, an increase of 45% from 2012 and 76% from 2011; approvals up 36% from 2012 to 2013 	<ul style="list-style-type: none"> ➤ Establish SOAR Collaborative ➤ Provide benefit counseling in club houses, day program providers, etc. ➤ Monitor ongoing enrollment of clients into public/private insurance plans to establish baseline and work toward 100% coverage
12	Increase engagement of individuals with mental illness in employment, education, or other vocational-related activities	<ul style="list-style-type: none"> ➤ Implemented Individual Placement and Support (IPS) employment model ➤ Improvement in employment status of SAIL and Wiser Choice consumers from intake to six-month follow-up in 2013 ➤ Presentation by SSA representative on benefits and work incentives in mid-2013 	<ul style="list-style-type: none"> ➤ Examine employment outcomes based on type of employment, e.g., compare performance of various employment models ➤ Review of Wiser Choice GPRA data/outcomes
13	Improve access to, and retention in, recovery-oriented supportive housing for persons with mental illness who are homeless or inadequately/unsafely housed	<ul style="list-style-type: none"> ➤ Increased supportive housing units in 2012 and 2013 by 28% (90 units) and 10% (40 units) ➤ Pathways to Permanent Housing program opened in June 2013 ➤ Clarke Square neighborhood initiative providing housing & supportive services for youth aging out of foster care 	<ul style="list-style-type: none"> ➤ Maintain high rates of retention in supportive housing ➤ Increase capacity for Community Intervention Specialist Services to support Housing First model ➤ Involve crisis support resources to increase housing permanency ➤ Expand housing efforts to include consumers aging out of foster care
14	Improve criminal justice and mental health system collaboration to reduce inappropriate incarceration of people with mental illness by: <ul style="list-style-type: none"> ➤ Establishing a data link between the Milwaukee County criminal justice system and Behavioral Health Division that respects privacy and confidentiality requirements and helps prevent inappropriate incarceration of persons with mental illness ➤ Supporting a continuum of criminal justice diversion services for persons with behavioral health needs 	<ul style="list-style-type: none"> ➤ Community Justice Council analysis of high utilizers in mental health & law enforcement ➤ Crisis Assessment Response Team (CART) reducing unnecessary conveyances to PCS through contracted partnership with MPD; 143 direct CART contacts (July 2013 through March 2014) with individuals in crisis 	<ul style="list-style-type: none"> ➤ Coordinate with Wraparound, foster care, BMCW ➤ Expand CIT to include MCSO, parole/probation ➤ Further coordination and development of criminal justice resources, e.g., IMPACT 2-1-1
15	Reduce acute hospital admissions through improved access to non-hospital crisis intervention and diversion services for people in mental health crisis	<ul style="list-style-type: none"> ➤ BHD Adult Inpatient admissions down 11.8% from 2012 to 2013 (21.1% since 2011) ➤ Access Clinic served 6,310 individuals (2,214 new clients) in 2013, consistent with 2012 and up 46% from 2011 	<ul style="list-style-type: none"> ➤ Catalog available crisis intervention supports (e.g., public, private, law enforcement, etc.) ➤ Enhance mechanisms to track and link consumers discharged from

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		<ul style="list-style-type: none"> ➤ Implementation of NIATx process improvement technology to provide ongoing Quality Improvement process 	<p>acute inpatient care with necessary follow-up supports</p> <ul style="list-style-type: none"> ➤ Analyze utilization data from mobile crisis calls, community visits, crisis respite use, etc., to complement data on reduced inpatient utilization
16	<p>Improve the level of cultural intelligence (CQ) operating in all components of the behavioral health system by:</p> <ul style="list-style-type: none"> ➤ Developing a CQ knowledge base ➤ Incorporating CQ standards into program standards, clinical policies & procedures ➤ Instituting workforce development strategies that promote CQ ➤ Developing a translator/interpreter network ➤ Establishing a CQ system improvement plan 	<ul style="list-style-type: none"> ➤ Cultural intelligence training curriculum adapted from corporate models into content targeted toward behavioral health and social service fields (with SMB Group) ➤ Conducted training of trainers in 2014 with representatives from Action Teams, CARS Division, and other partners ➤ Hosted expert presentation on personal and organizational CQ enhancement 	<ul style="list-style-type: none"> ➤ Develop a cultural intelligence inventory, and conduct pre- and post-testing ➤ Provide ongoing trainings for County and contracted providers on range of cultural intelligence issues ➤ Examine whether there are any changes in the cultural sensitivity item on the MHSIP